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District of Hawaii

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NOV 12 2004

CLERK, U. S. DISTRICT COURT
DISTRICT OF HAWAII

FILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

NOV 16 2004

at 9 o'clock and 45 min. A.M.
WALTER A.Y.H. CHINN, CLERK

Attorneys for Plaintiff United States
of America

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF HAWAII

UNITED STATES OF AMERICA,)	CR. NO. 04-0034DAE-02
)	
Plaintiff,)	
)	
vs.)	ORDER FOR DISMISSAL AS TO
)	DEFENDANT EDWIN C. MEDEIROS;
)	EXHIBIT "1"
SUN KUM MEDEIROS,	(01))	
EDWIN C. MEDEIROS,	(02))	
NUUANU LIQUORS, INC.,	(03))	
doing business as Nuuanu)	
Liquor & Sundries",)	
)	
Defendants.)	

ORDER FOR DISMISSAL AS TO DEFENDANT EDWIN C. MEDEIROS

Pursuant to Rule 48(a) of the Federal Rules of Criminal Procedure and by leave of Court endorsed hereon, the United States Attorney for the District of Hawaii hereby dismisses the Indictment returned January 21, 2004 against defendant EDWIN C. MEDEIROS.

As evidenced by the appended Death Certificate issued by the State of Hawaii (marked as Exhibit "1" and provided to the

State of Hawaii (marked as Exhibit "1" and provided to the undersigned by Edwin Medeiros' counsel of record), this defendant died on September 23, 2004.

DATED: Honolulu, Hawaii, November 5, 2004.

EDWARD H. KUBO, JR.
UNITED STATES ATTORNEY
District of Hawaii

By Michael K. Kawahara
MICHAEL K. KAWAHARA
Assistant U.S. Attorney

Leave of Court is granted for the filing of the foregoing dismissal against defendant EDWIN C. MEDEIROS.

DAVID ALAN EZRA

DAVID A. EZRA
CHIEF U.S. DISTRICT JUDGE

United States v. Sun Kum Medeiros, Edwin C. Medeiros, Nuuanu Liquors, Inc., dba "Nuuanu Liquors & Sundries", Cr. No. 04-0034DAE-02, Order for Dismissal

copies: United States Marshal
U.S. Drug Enforcement Administration
Richard H.S. Sing, Esq. (Attorney for defendant)

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH STATUS MONITORING

CERTIFICATE OF DEATH

STATE
FILE NO. 151

06872

1. DECEASED — FIRST NAME Edwin		MIDDLE NAME Carriera		LAST NAME Medeiros		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) September 23, 2004	
4a. RACE Hawaiian, Portuguese		4b. IS PERSON OF SPANISH ORIGIN? 1 <input type="checkbox"/> Puerto Rican 2 <input type="checkbox"/> Mexican 3 <input type="checkbox"/> Cuban 4 <input type="checkbox"/> Central American 5 <input type="checkbox"/> Other & Unborn Spanish Origin NO 6 <input checked="" type="checkbox"/>		5a. AGE—LAST BIRTHDAY (YEARS) 58	5b. UNDER 1 YR. MOS. DAYS HOURS MIN.	5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (MONTH, DAY, YEAR) September 3, 1946
7a. ISLAND OF DEATH Oahu	7b. CITY, TOWN OR LOCATION OF DEATH Honolulu		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Queen's Medical Center			7d. IF HOSP. OR INST. INDICATE DOA, OPREMER, RM., INPATIENT (SPECIFY) Inpatient		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Hawaii	9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Sun Kum Kim		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
13. SOCIAL SECURITY NUMBER 575-30-0529 576-17-7382		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Aircraft Mechanic, Retired		14b. KIND OF BUSINESS OR INDUSTRY Airlines		14c. EDUCATION (Specify highest grade completed) 12		
15a. RESIDENCE—STATE Hawaii	15b. COUNTY Honolulu	15c. CITY, TOWN OR LOCATION Honolulu		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	15e. NUMBER, STREET AND ZIP 3059 Ala Ilima Street #504		15f. ZIP 96818	
16. FATHER — FIRST NAME Edward		MIDDLE NAME C.		LAST NAME Medeiros		17. MOTHER — FIRST NAME Hattie		MIDDLE NAME H.
18a. INFORMANT — NAME Sun Kum Medeiros		18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 3059 Ala Ilima Street #504 Honolulu, Hawaii		18c. LOCATION Kaneohe, Hawaii		18d. MAIDEN NAME Medeiros		
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		19b. CEMETERY OR CREMATORY—NAME Hawaii State Veteran's Cemetery		19c. LOCATION Kaneohe, Hawaii		19d. DATE (MONTH, DAY, YEAR) October 7, 2004		
19e. PERMIT NUMBER 5797		20a. FUNERAL HOME—NAME Hawaiian Memorial Park Mortuary		20b. FUNERAL DIRECTOR—SIGNATURE <i>Ruthen Olive</i>		20c. DATE September 24, 2004		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable) (Signature and Title) ALtered #13- OCT 18 2004 Evid. Filed Driver's Lic.		21b. DATE SIGNED (MO., DAY, YR.)		21c. TIME OF DEATH		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) Raymond J. Kunguli, MD		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) Gayle F. Suzuki, M.D., 835 Iwilei Road, Honolulu, Hawaii 96817		21f. REGISTRAR — SIGNATURE <i>G. Shima</i>		21g. DATE RECEIVED BY LOCAL REGISTRAR OCT - 5 2004		21h. DATE FILED BY STATE REGISTRAR OCT - 5 2004
22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT)		23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT)		24. REGISTRAR — SIGNATURE		25. DATE RECEIVED BY LOCAL REGISTRAR		25. DATE FILED BY STATE REGISTRAR
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NOV - 1 2004

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I CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTHAlvin T. Onaka, Ph.D.
STATE REGISTRAR

EXHIBIT 1